

| POSITION                         | INITIALS         | ID NO.            | DATE                         |
|----------------------------------|------------------|-------------------|------------------------------|
| <b>FEE DETERMINATION</b>         |                  |                   |                              |
| <b>O.I.P.E. CLASSIFIER</b>       |                  | 79                | 12/14/00                     |
| <b>FORMALITY REVIEW</b>          | 1st<br>HA<br>(M) | 907<br>858<br>505 | 4-3-01<br>6/29/01<br>9/24/02 |
| <b>RESPONSE FORMALITY REVIEW</b> |                  |                   |                              |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date   |
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| Final    |        |
| Original |        |
| 1        | 1/8/01 |
| 2        | 1/8/01 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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